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PTO/SB/21 (09-04)

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| | | | |
|-----------------------------------------------------------------------------------------|----------------------|------------------------|------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/676,658 | |
| | Filing Date | September 30, 2003 | |
| | First Named Inventor | Zhenhai Lin | |
| | Art Unit | 2167 | |
| | Examiner Name | Vautrot, D. | |
| Total Number of Pages in This Submission | 25 | Attorney Docket Number | 50277-2280 |

| ENCLOSURES (Check all that apply) | | |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
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| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks The Director is hereby authorized to charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 to Deposit Account Number 50-1302 Deposit Account Name: Hickman Palermo Truong & Becker LLP | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--------------------------------------------|-------------------------------------|----------|--------|
| Firm Name | Hickman Palermo Truong & Becker LLP | | |
| Signature | | | |
| Printed name | Robert S. Chee | | |
| Date | November 8, 2006 | Reg. No. | 58,554 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------|------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature | | | |
| Typed or printed name | Annette Jacobs | Date | November 8, 2006 |

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Client Ref. No. OID 2003-125-01

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005**Complete if Known**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 600.00

| | |
|------------------------|--------------------|
| Application Number | 10/676,658 |
| Filing Date | 09/30/2003 |
| First Named Inventor | Zhenhai Lin |
| Examiner Name | Vautrot, Dennis L. |
| Art Unit | 2167 |
| Attorney Docket Number | 50277-2280 |

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

Deposit Account _____ Deposit Account Number: 50-1302 Deposit Account Name: Hickman Palermo Truong & Becker LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments
under 37 CFR 1.16 and 1.17**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Small Entity Fee (\$) | Fee (\$) |
|-----------------------|----------|
|-----------------------|----------|

50 25

200 100

360 180

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

38 - 52 or HP = 0 x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

6 - 3 or HP = 3 x 200.00 = 600.00

HP = highest number of independent claims paid for, if greater than 3

| Multiple Dependent Claims Fee (\$) | Fee Paid (\$) |
|------------------------------------|---------------|
|------------------------------------|---------------|

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fees Paid (\$) |
|--------------|--------------|--------------------------------------------------|----------|----------------|
|--------------|--------------|--------------------------------------------------|----------|----------------|

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

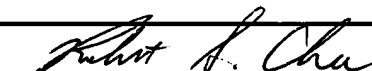
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) _____

Fees Paid (\$)**SUBMITTED BY**

Signature

Registration No. 58,554
(Attorney/Agent)

Telephone 408-414-1080

Name (Print/Type)

Robert S. Chee

Date 11/8/06

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



AMENDMENT UNDER 37 C.F.R. § 1.111

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Zhenhai Lin

Serial No.: 10/676,658

Filed on: September 30, 2003

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Confirmation No.: 8991

Examiner: Vautrot, D.

Group Art Unit No.: 2167

For: ATTRIBUTE PARTITIONING FOR USER EXTENSIBILITY

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

This is in response to the Office Action mailed August 8, 2006 (Part of Paper No./Mail Date 20060726), the shortened statutory period for which runs until November 8, 2006. Please revise the subject application as indicated below.

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 19 of this paper.

11/15/2006 MGBREM1 00000011 10676658

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